

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
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19		/		/		
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36		/		/		
37		/		/		
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39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44	/		/			
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
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64		/		/		
65		/		/		
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67		/		/		
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87	/		/			
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89	/		/			
90	/		/			
91	/		/			
92		/		/		
93		/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	42	←		←
TOTAL CLAIMS			48			